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**Weekly Bulletin**

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EDITOR

### Delay is Great Factor in Diphtheria Mortality.

An analysis of the first 500 deaths from diphtheria to occur in New York State during 1923 leads to the conclusion that a large percentage of these deaths need not have resulted. Delay in the institution of several life-saving procedures, for which parents and guardians as well as physicians were to blame, constituted the greatest contributing factor in these 500 deaths.

In more than half of these fatal cases there was no medical attention until the third day or later. In only 15 per cent of the cases was a physician called on the first day of illness and in only 32 per cent was a physician called on the first or second day. Parents and guardians were to blame for this delay.

In about 50 per cent of the cases the physician did not administer antitoxin at his first visit and in 53 cases, 11 per cent of the total, antitoxin was not administered at all. According to Dr. Bertrand E. Roberts, Epidemiologist of the New York State Department of Health, it is unjustifiable to delay treatment while awaiting a laboratory report on a culture if there is even a suspicion that the patient may be suffering from diphtheria. In some cases of doubtful diagnosis, which were seen on the first day of illness, Dr. Roberts says that there may have been some excuse for delaying treatment until confirmation of the diagnosis was secured from a laboratory. Such a condition of doubt

is rare after the first day, yet there were 159 instances in which a physician did not see the case until the second day of the disease or later, but in which he waited at least one day before giving antitoxin. When adequate and proper treatment is given to diphtheria patients on the first day of the disease, with necessary surgical measures used in laryngeal cases and with good care during illness and convalescence the death rate is practically nil. The most important procedure is the administration of antitoxin immediately and in adequate amount in all cases showing any clinical evidence of diphtheria.

Dr. Roberts urges that the intravenous method of administration of antitoxin should be more generally used, particularly in severe cases and in moderate cases seen later than the second day of the disease. If the intravenous method is not used, antitoxin should be administered intramuscularly. In no cases should antitoxin be administered subcutaneously, except to exposed individuals for prophylactic purposes.

Of the 500 deaths analysed, 336 were due to interference with breathing (choking to death) or to heart complications. The early use of antitoxin in adequate amount would, undoubtedly, have prevented these complications. Of 110 deaths from respiratory obstruction, 58 had no surgical treatment. The proper surgical treatment in laryngeal cases is an important procedure.

Better care of convalescent patients is urged by Dr. Roberts. This is emphasized by the fact that heart compli-



cations played a part in nearly one-half of these 500 deaths. Failure to keep convalescent patients at rest, usually contrary to the physician's orders, is a factor in many of these deaths.

This analysis indicates that the following were the chief factors in these 500 deaths from diphtheria in New York State:

1. Delay in securing medical attention.
2. Delay in administration of antitoxin.
3. Insufficient dosage and improper (subcutaneous) administration of antitoxin.
4. Lack of surgical treatment in cases of laryngeal diphtheria.
5. Lack of proper care, including failure to keep convalescent patients at rest.



### Beri Beri is Problem in Orient.

In California, where cases of beri beri are seldom seen, we are accustomed to regard the disease without apprehension, since it is a food-deficiency disease which is caused by the continued use of polished rice in the diet. That the disease is of great importance in the Orient is indicated by a recently published report by Dr. W. A. Sawyer of Melbourne, Australia, former secretary of the California State Board of Health, now Assistant Director for the East, International Health Board and International Health Board Advisor in Public Health to the Australian Commonwealth Department of Health. While the disease is no longer a problem in Australia its presence in the Orient presents a huge public health problem. Food habits are not easily changed and attempts to discourage the demand for over-milled rice, through education alone, have had little tangible result. The many problems related to the control of this disease will be taken up at the next congress of the Far Eastern Association of Tropical Medicine.



### Will Show Picture on Prenatal Care.

The Children's Bureau motion picture on prenatal care, entitled "Well Born," will be shown in Lane Hall, Stanford University Medical School, San Francisco, on Thursday, January 17th, at 1.30 p.m. The showing of this picture will be in connection with a student course conducted by Dr. Adelaide Brown. Nurses, physicians, and interested individuals are welcome to attend.

### Hospital Opens Clinic For Diphtheria Immunization.

The Children's Hospital of San Francisco has established a diphtheria prophylaxis clinic, which will be held in the out patient department on Tuesdays and Thursdays from 2 to 3 p.m., under the direction of Dr. E. C. Fleischner. Toxin antitoxin mixtures will be administered in three weekly injections to all susceptible children. The charge will be only sufficient to cover the cost of materials.

Dr. Fleischner, chief of the communicable disease department of the Children's Hospital, states, "Six hundred children die annually in California from diphtheria. Every child can be immunized against diphtheria by three weekly injections of toxin antitoxin. These injections are absolutely harmless and confer an immunity which probably lasts a lifetime. Observations have already been made which show that it lasts nine years. Inasmuch as diphtheria is a disease which occurs most frequently in children under five years of age and is most fatal during that period, all children should be immunized at the age of one year. The immunity is developed in 97 per cent of the cases three months after the injections. The administration of the toxin antitoxin produces no reaction in the individual to whom it is given, or at the most very slight fever and passing redness at the site of injection lasting a few hours. Diphtheria is increasing and it is a duty of every parent to protect his child against the ravages of this disease."



### San Diego Starts Crusade on Rats.

The San Diego city health department has begun a campaign of rat extermination. The increased rat population, which has been observed throughout California, has led San Diego to join other coast cities engaged in a similar war of extermination against these disease-spreading rodents. Vessels tying up at San Diego wharves will be required to use rat guards on their hawsers. It is believed that laxity in the enforcement of regulations requiring the use of rat guards may be a factor in the increased prevalence of rats in the city.



### Opposes Indulgence in "Open-Faced Sneezes."

The Merced *Sun* protests against the uncovered sneeze and voices its opposition in the following editorial:

"Doctors today are doing all they can to kill the superstition that 'colds are caught from the weather. But the populace clings tenaciously to its fear of drafts, wet feet and rain.

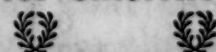
In the meantime this same populace—with the exception of a very limited number of enlightened mortals—goes about indulging in open-faced sneezes. The doctors say that an uncovered sneeze sends its germ-laden spray fully 10 feet beyond the sneezer's face. On street cars, in offices where desks are close together, in crowded department stores, in school rooms—in fact, wherever people are assembled less than 10 feet away from each other—the germs which cause the so-called "cold" are generously passed about from person to person. Naturally many who, for one reason or another, are not in as good condition for resisting germs as they ought to be, succumb.

There really ought to be placards on street cars and in other public places, reminding people that more than courtesy is involved in the covered sneeze. The simple physiology and hygiene talks in the schoolroom, too, shouldn't overlook this."



### Sacramento to Open Free Clinic.

The city health officer of Sacramento, Dr. George Joyce Hall, announces that the city health department will open a free clinic during the first week of February for persons who are unable to pay for the medical attention that they may require. The clinic will represent an annual expenditure of about \$5,000. A nurse, social service worker and anesthetist will be employed. Physicians and surgeons of Sacramento will volunteer their services. The new clinic will remove such clinic service as is now, of necessity, maintained in the city emergency hospital and will thus make for greater efficiency.



The number of deaths from diphtheria will be enormously reduced when parents are brought to a realization of their responsibility to secure prompt medical attention whenever one of their children suffers with a sore throat or croup, and when every physician administers antitoxin in sufficient dosage whenever there is the slightest suspicion that a child has diphtheria.—Dr. Matthias Nicoll, Jr., State Commissioner of Health, New York.

### Promoting Full Time County Health Units.

At a public welfare conference held in Bloomington, Illinois, October 26-28, Assistant Surgeon General W. F. Draper, of the United States Public Health Service, read a paper entitled "County Health Work." He stated that at the present time there are two hundred and thirty-one counties in the United States with full time health service, Ohio leading the list with forty-two such departments. He stated further, "It has been found, through many years of careful study and investigation, that the practical application of our knowledge of disease prevention and health promotion can best be brought to the 90 per cent of our rural population who are still without it through the establishment of local whole time health departments so organized and administered as to be in keeping with the needs and resources of the communities in which they operate. As state and national, as well as local interests, are served by local health organizations, it has proved desirable and beneficial that all of these agencies should share in the responsibilities and assist in the maintenance of the work."



### Tie Up Dogs in Auto Camps.

A number of protests against the practice of permitting dogs to run at large in automobile camps have been received by the California State Board of Health. As a safeguard against rabies, which is spread chiefly by stray and travelling dogs, such animals should not be permitted to run at large in camp grounds. As a simple sanitary measure, the activities of campers' dogs should be restrained. Persons in charge of automobile camps have full justification in requiring dog owners to tie up their animals while in the camp grounds.



### MORBIDITY.\*

#### Diphtheria.

268 cases of diphtheria have been reported, as follows: San Francisco 59, Los Angeles 65, Los Angeles County 30, Sacramento 6, Oakland 16, Santa Clara County 5, Richmond 6, Fresno County 8, Long Beach 5, Ventura County 1, Santa Cruz 1, Stanislaus County 3, Piedmont 1, San Bernardino 1, Merced 1, Redondo Beach 1, Alameda County 1, Huntington Park 1, Lakeport 1, Contra

\*From reports received on January 7th and 8th for week ending January 5, 1924.



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Costa County 2, Pasadena 3, Berkeley 3, San Fernando 2, San Gabriel 1, El Monte 1, Alhambra 3, Riverside 2, Kingsburg 1, Orange County 1, Alameda 1, Madera 1, Stockton 1, Santa Clara 2, El Cerrito 1, Daly City 2, Bakersfield 1, Burlingame 1, Turlock 3, Sutter County 1, Santa Barbara 2, San Diego 21.

**Measles.**

347 cases of measles have been reported, as follows: San Francisco 131, Berkeley 18, Alameda 12, Oakland 7, Stanislaus County 5, Santa Clara County 5, Ontario 16, Kern County 15, Los Angeles County 5, Merced 19, Monterey County 12, Fresno County 6, Los Angeles 16, Riverside 6, Sacramento 7, Palo Alto 5, Newman 13, Petaluma 6, Humboldt County 1, San Bernardino County 1, Stockton 2, Contra Costa County 1, Piedmont 1, Lodi 2, Orange County 1, Taft 1, Arcata 4, Pacific Grove 1, El Monte 2, Sutter County 1, La Verne 1, Pasadena 2, Santa Cruz 2, Sonoma County 4, Sacramento County 2, Torrance 1, Venice 2, Sisson 4, Avalon 1, Richmond 2, Mill Valley 2, South San Francisco 1, San Diego 1.

**Scarlet Fever.**

217 cases of scarlet fever have been reported, as follows: San Francisco 29, Los Angeles 44, Fresno County 9, Los Angeles County 23, Oakland 12, Sonoma County 5, Fullerton 1, El Cerrito 1, Daly City 3, Vallejo 3, Sacramento County 4, San Bernardino 2, Alameda County 2, Berkeley 2, Oxnard 2, Sacramento 3, Huntington Park 2, Merced County 1, Hermosa Beach 4, Long Beach 1, Whittier 4, Pomona 4, Riverside 4, Alhambra

1, Monterey County 1, Lindsay 2, Taft 2, Orange County 1, Dinuba 1, Pasadena 1, Stanislaus County 2, Ontario 1, Richmond 1, Stockton 2, Colusa 1, Santa Cruz 2, Yuba City 1, Madera County 4, Alameda 1, Fowler 1, San Bernardino County 3, Bakersfield 1, Lodi 3, Kern County 5, Huntington Beach 1, Santa Cruz County 3, San Diego County 1, San Diego 10.

**Whooping Cough.**

27 cases of whooping cough have been reported, as follows: San Joaquin County 9, San Diego 6, San Francisco 1, Tracy 1, Stockton 2, Fullerton 1, Pasadena 2, Los Angeles 1, Williams 2, Long Beach 2.

**Smallpox.**

143 cases of smallpox have been reported, as follows: Los Angeles 70, Los Angeles County 38, Long Beach 15, Ontario 6, Pomona 4, El Segundo 1, Compton 3, Huntington Beach 1, Colton 2, Anaheim 1, Pasadena 1, Fresno County 1.

**Typhoid Fever.**

4 cases of typhoid fever have been reported, as follows: Sacramento 1, Los Angeles 2, Los Angeles County 1.

**Poliomyelitis.**

2 cases of poliomyelitis have been reported, as follows: Kern County 1, Santa Clara 1.

**Epidemic Encephalitis.**

4 cases of epidemic encephalitis have been reported, as follows: Oakland 1, San Francisco 1, Lodi 1, Los Angeles 1.

**COMMUNICABLE DISEASE REPORTS.**

Disease	1923-1924				1922-1923			
	Week ending			Reports for week ending Jan. 5 received by Jan. 8	Week ending			Reports for week ending Jan. 6 received by Jan. 9
	Dec. 15	Dec. 22	Dec. 29		Dec. 16	Dec. 23	Dec. 30	
Anthrax	0	0	0	0	0	0	0	0
Cerebrospinal Meningitis	0	2	0	0	8	3	1	3
Chickenpox	169	152	113	184	118	85	82	147
Diphtheria	337	319	315	268	171	211	201	130
Dysentery (Bacillary)	1	0	1	0	1	2	7	0
Epidemic Encephalitis	4	1	0	4	3	1	3	0
Epidemic Jaundice	0	0	0	0	0	0	0	0
Gonorrhoea	134	89	90	104	125	97	61	113
Influenza	39	43	40	26	26	25	19	19
Leprosy	0	0	0	0	0	0	1	0
Malaria	3	3	6	0	2	2	2	1
Measles	370	311	450	347	24	25	32	57
Mumps	28	11	16	10	17	15	12	11
Pneumonia	111	79	101	79	96	128	229	72
Poliomyelitis	5	6	6	2	0	0	0	0
Rabies (Human)	0	0	0	0	0	0	0	0
Scarlet Fever	280	294	269	217	156	132	119	118
Smallpox	115	121	143	143	4	12	14	20
Syphilis	189	96	162	132	130	63	84	92
Tuberculosis	111	155	172	118	157	89	159	141
Typhoid Fever	18	20	8	4	9	19	11	6
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	28	15	10	27	71	36	52	70
Totals	1943	1717	1902	1665	1118	945	1089	1000